FILE NO. 113

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 14, 1969
THIS LICENSE OR PERMIT EXPIRES

Miklos Verhar
LICENSEE OR PERMITTEE

2948 North 51 Street
ADDRESS

T 9N; R 7E; Section 2; Ikiru East
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
16672	JUL 14	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 113

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 7E; Section 2;
Block ____; Lot 7; Addition ____;
Street Address IKERA EAST.

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. of Bedrooms 3. Describe: ____

Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Distance to public sewer: ____ ft.

Roger Bailey for Miklos Verhas
Signature of Applicant (owner or lessee)

4131 C L, F Ford Dr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/14/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 7/14/69. Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 7-14-69. ACTION: Approved ____ ✓ Disapproved ☐
Date Frwd. 7-14-69. Signature: Chas Seiler By RB

3. Dep City Engineer: Date Rec'd. 7-14-69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 7-14-69. Signature: J. L Blessing

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 113

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 2;
Block _____; Lot 7; Addition _____;
Street Address E'KIRA EAST.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Roy Bailey For Miklos Vezhar
Signature of Applicant (owner or lessee)

4131 CL F Ford Dr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $_____. _____

2. Date Site Clearance _____

3. Site Visits:
Date: 11/20/69 by: L.C.H.Dept.
Date: 11/21/69 by: L.C.H.
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 7/14/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/21/69 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 113

PROPERTY WHERE SOIL TESTED:
Location: Township 9N 6E
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Miklos Verbar
Address _____

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ___F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	40		July 3.			over 5 hour period							
2	40										very poor		

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____
1" every Hour

Signature of Person Conducting Test

Address Roger Bailey
Phone: 4131 C Bittern
489-5482

(Do not write below this line)

REVIEWING ACTION

REMARKS: just under the wire

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 14, 1969

Gerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 113

SPECIFICATIONS

DATE: _____

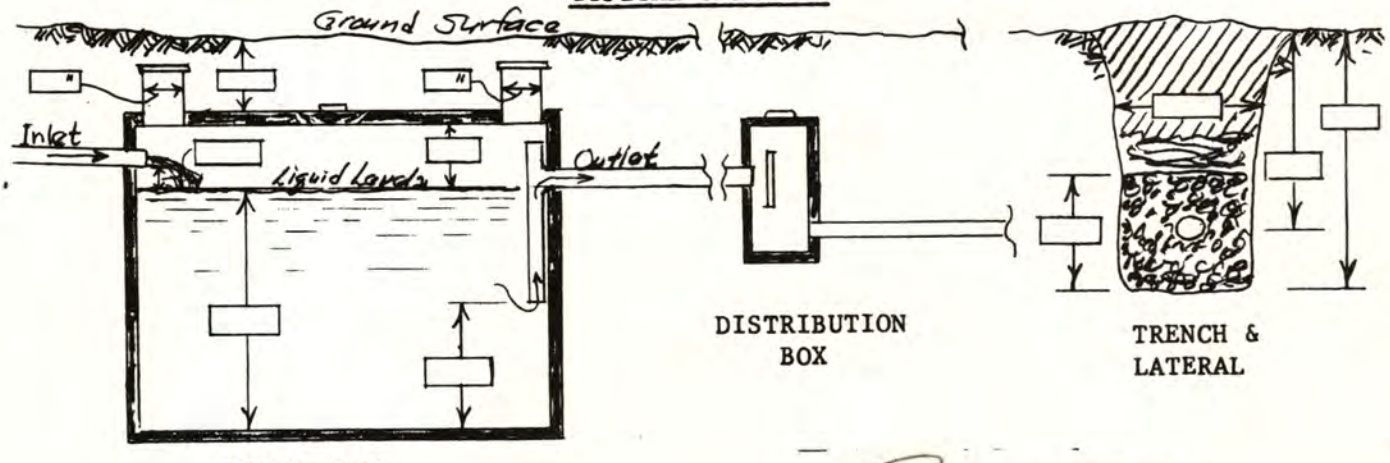
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line 30 ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company ~~PRE-CAST STEP~~ CORRIGATED FIBERGLASS)
No ☐
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 10 ft.;
Stream ___ft.; Pressure Line 30 ft.;
Property Line ___ft.

C. DISTRIBUTION BOX Concrete
1. Material ____; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 12 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

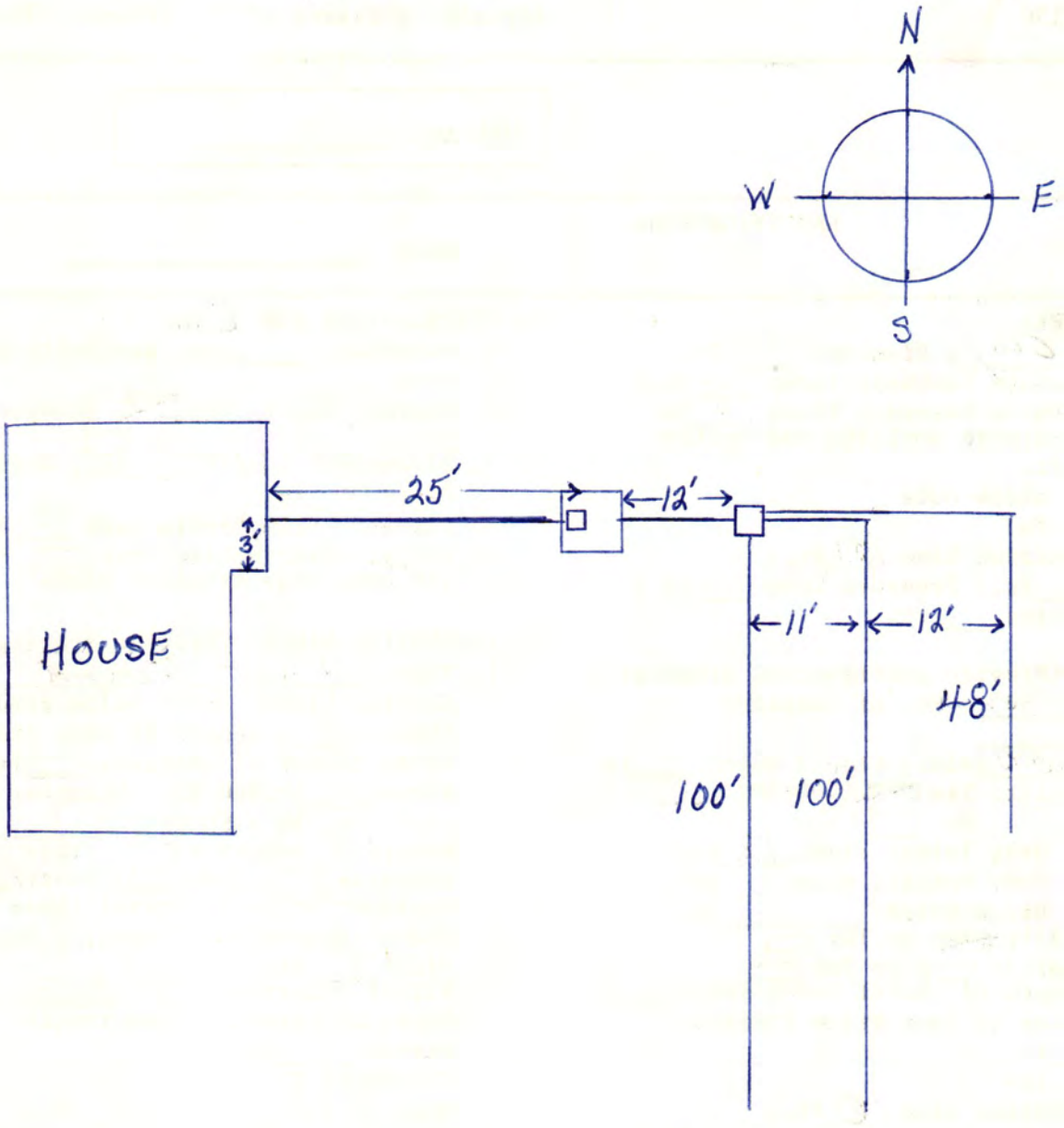
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade 40 in.
Number 3; Length of each line 100 ft
Total length of Laterals 248 ft.; ~~348~~
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines 11 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line ~~50~~ ft.;
Stream ___ft.; Pressure Line 30 ft.
Property Line ___ft. House
6. Percolation Rate: Level minutes/inch

TYPICAL SKETCHES



Roy A Bailey
Signature of Applicant

Ikiau East



PIONEER BLVD.